

Understanding Your Coverage

The Corps Network Corpsmember Healthcare
Insurance Plan

July 1, 2009 – June 30, 2010 Plan Year



Willis HRH



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What's My Plan Called?

Who's Who – The Entities that Play a Role in Making the Plan Possible

The Corps Network

- Membership Organization
- Healthcare Plan Sponsor

Willis of Seattle

- Manage and Market the Plan
- Negotiate Renewals

Summit America

- Medical/Rx Customer Service
- Medical/Rx Claims Processing
- Billing and Eligibility

MultiPlan

- Preferred Provider Network (PPO)

Mutual of Omaha

- Insurance Company/“On the Risk”
- AD&D Claims

Ameritas

- Dental Claims
- Dental Customer Service

It is referred to as ‘The Corps Network Healthcare Insurance Plan’. However, providers need to know who the PPO network is and who handles customer service and claims processing.

How Does My Plan Work?



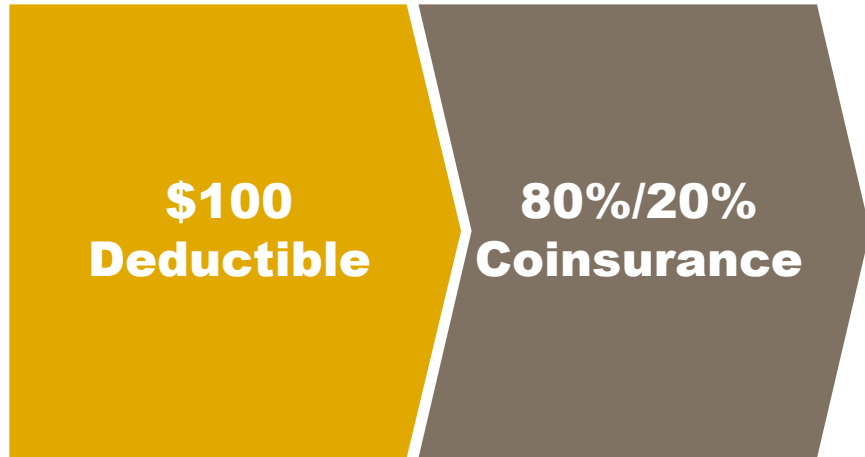
**\$100
Deductible**

General Plan Structure

Deductible

- You are responsible for the first \$100 per service year
 - Exception: deductible is waived for preventive care
- Once satisfied, the deductible will not reset until one year of continuous coverage from your initial effective date

How Does My Plan Work?

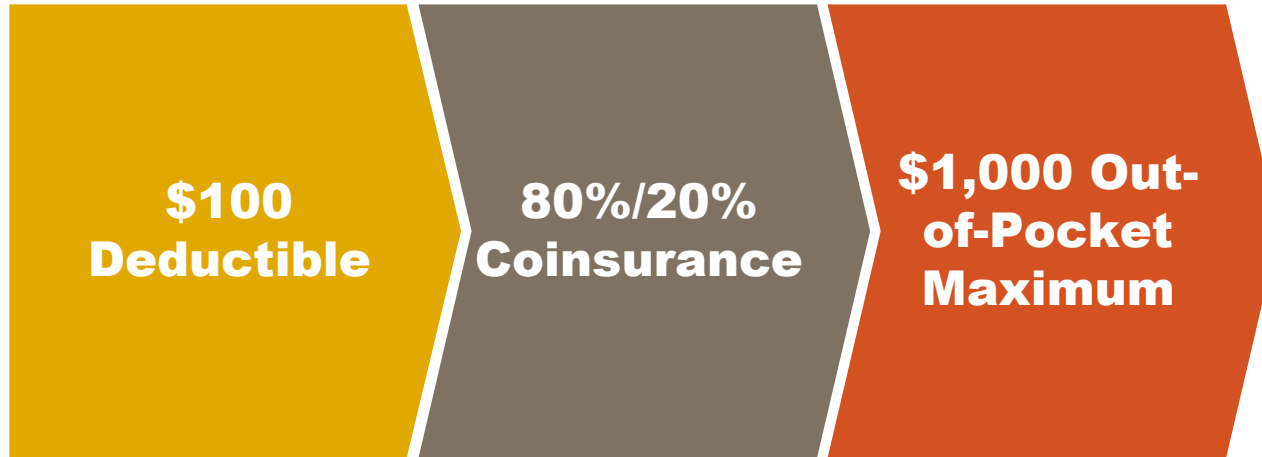


General Plan Structure

Coinsurance

- After your deductible, the plan pays 80% for most covered services
- You pay 20%
 - Exceptions: outpatient mental health, outpatient chemical dependency after 40 visits (see benefit summary or brochure for more details)

How Does My Plan Work?

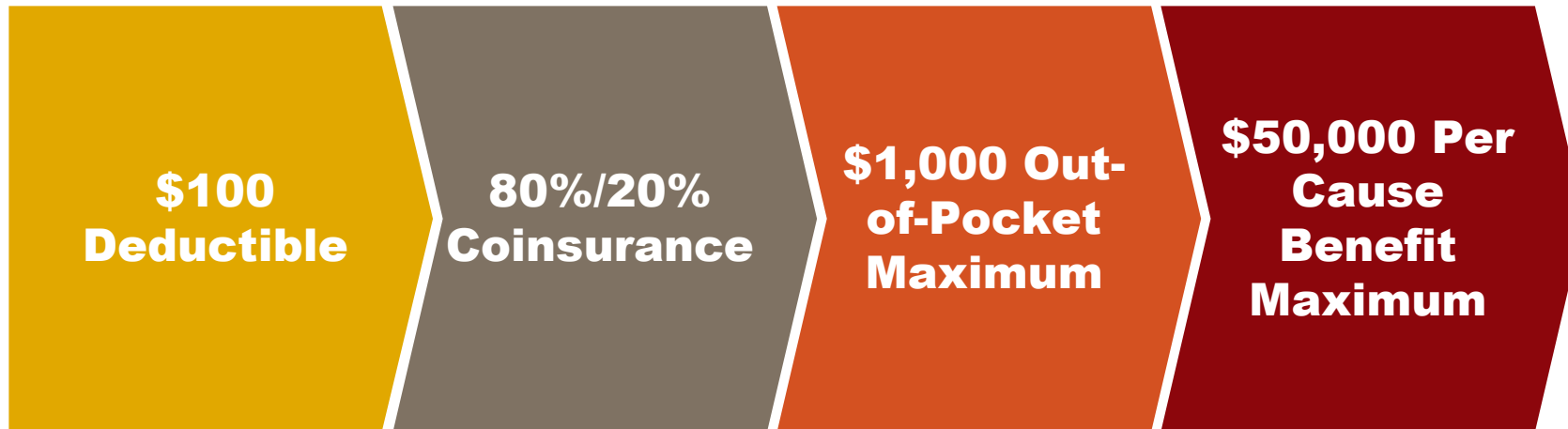


General Plan Structure

Member Out-of-Pocket Maximum

- If your 20% totals \$900 in a given service year (\$1,000 total out-of-pocket with the deductible), the plan pays 100%

How Does My Plan Work?



General Plan Structure

Per Cause Maximum

- Based on a condition or accident
 - For example, diabetes or skiing accident
- After deductible and out-of-pocket maximum are satisfied, plan pays 100% up to a \$50,000 maximum per cause
- Plan can potentially pay more than \$50,000 when multiple causes arise

What's Covered?

Covered Benefits

- Hospital
 - Room & Board
 - Intensive Care
 - Miscellaneous Hospital Services
 - Emergency Room
- Professional Services
 - Office Visits
 - Surgery
 - Diagnostic Lab & X-ray
- Preventive Care (Deductible Waived)
 - Routine Care - \$150 maximum per year
 - Mammogram/Pap Smear – 100%



What's Covered?

Covered Benefits

- Physiotherapy
 - Inpatient
 - Outpatient – Limited to \$500 Lifetime Maximum
- Mental Health
 - Inpatient – 60 day maximum
 - Outpatient – 75% for first 40 visits; 60% thereafter
- Chemical Dependency
 - Inpatient – 60 day maximum
 - Outpatient – 80% for first 40 visits; 60% thereafter
- Injury to Teeth - \$200 maximum per tooth
- Ambulance

What's Covered?

Covered Benefits

- Prescription Drugs
 - Subject to deductible, coinsurance, out-of-pocket max and per cause maximum
 - No network of pharmacies – member must pay upfront
 - Prioritized reimbursement process
 - See the 'How to File a Claim' instructions for more detail
- Pre-Existing Conditions
 - Covered up to \$5,000 in the first twelve months of the policy
 - Six month “look back” period (to determine whether a condition is pre-existing) from the effective date of coverage
 - Diagnosed or treated, including prescriptions
 - Limitation period reduced by prior creditable coverage
 - HIPAA Cert, Certificate of Creditable Coverage
 - Break in coverage less than 63 days is permissible
 - 1 year of prior creditable coverage (e.g., parent's plan) can eliminate the entire pre-existing condition limitation period

Who Can I See?

Provider Network – MultiPlan

You are not required to see a MultiPlan provider, but there are two distinct advantages:

- MultiPlan providers discount their services
- MultiPlan providers are obligated to bill insurance

If you see a non-network provider:

- They might bill you upfront
- Charges above the 90th percentile of Usual, Customary and Reasonable (UCR) are your responsibility
 - 9 out of 10 providers bill at or below this level for a given service in a given area



Who Can I See?

Looking Up MultiPlan Providers

Website Search Engine –
www.multiplan.com

- Search for facilities or doctors
- Search by name, specialty, city/state, zip code, etc.

Toll Free Number

- 1-800-672-2140

A screenshot of the MultiPlan website's search engine. The page has a green header with the MultiPlan logo and tagline. Below the header is a navigation bar with links for Home, About Us, Solutions, and Contact Us. The main content area is titled 'Enter search criteria' and contains several search fields: 'Location' (with a dropdown for 'Exact' and a text box for 'miles of ZIP code'), 'City', 'State', and 'County'; 'Type of Doctor' (with dropdowns for 'Specialty', 'Behavioral Health', 'Primary Care', 'Surgery', and 'All Specialties'); and 'Name' (with text boxes for 'First' and 'Last'). There are also links for 'Search Help' and 'Change Network Logo'. A 'More Search Options' link is at the bottom.

What Do I Need to Do?

At the Medical Provider's Office

The doctor's office wants to verify your benefits and eligibility

- Show you ID card
- If you don't have your ID card, they need the following information:
 - Provider Network: MultiPlan
 - Claims Processor/Administrator: Summit America
 - Group Number: 05333001
 - Member ID#: Summit America can find you by name or SSN
- The doctor's staff will call Customer Service: 1-800-301-9128

How Do I File a Claim?

Submitting Medical Claims

MultiPlan providers will bill Summit America on your behalf. Non-network providers might also bill insurance if they are able to verify the benefits and eligibility. If they do not, you can submit the claim to Summit America for reimbursement according to the plan's benefits.

Claims Address:

The Corps Network Claims
Summit America Insurance Services
7400 College Blvd., Suite 100
Overland Park, KS 66210

How Do I File a Claim?

Prescription Drug Claims

- No network of pharmacies, you will pay the cost upfront
- Submit to Summit America for reimbursement
 - Prescription drug claims are prioritized
 - Processed within 1-2 days
 - Checks are run each business day of the week

Claims Address:

The Corps Network Claims
Summit America Insurance Services
7400 College Blvd., Suite 100
Overland Park, KS 66210

Claims Fax:

913-327-7520

Claims Email:

thecorpsnetwork@summitamerica-ins.com

What If I Still Have Questions?

Online Resources

- Plan summary, brochure & certificate
- Claim filing instructions
- Online claim status lookup
- Prescription claim form
- ID card request form
- Change of address form
- Prior coverage form
- MultiPlan toll free number and website link
- More



Accessing Summit America's Website

1. Go to www.summitamerica-ins.com
2. Place cursor on **"Students & Participants"**
3. Click on **"Corpsmembers and Volunteers"**
4. Click on **"The Corps Network"**

What If I Still Have Questions?

Customer Service – Summit America

1-800-301-9128 (Dedicated customer service line for The Corps Network Plan)

- Open 8:30 a.m. - 5:00 p.m. Central time, Monday through Friday
 - Check claims status
 - Benefit questions
 - Order new ID card
 - General plan information

